

**Collin County Fire Marshal's Office**  
**COMMERCIAL BUSINESS**  
**OPERATIONAL PERMIT**

Business Name	Physical Address	City	Zip	Business Phone
Business Owner's Name	Business Owner's Address	City/State	Zip	Phone
Property Owner	Property Owner's Address	City/State	Zip	Phone

**Business Usage:**

Open to Public?      Y      N      Days/Hours of Operation: \_\_\_\_\_

Overnight Facilities: Y      N      \_\_\_\_\_

Public Restrooms:   Y      N      \_\_\_\_\_

Food Preparation:    Y      N      # of Employees per shift/day: \_\_\_\_\_

**Structure Information:**

Structure Type:      Metal      Wood

A/C Sq. Feet:      \_\_\_\_\_

# of Bedrooms:      \_\_\_\_\_

# of Kitchens:      \_\_\_\_\_

**Utility Information:**

Power Company: \_\_\_\_\_

Gas Company:      \_\_\_\_\_

Water Company:    \_\_\_\_\_

**Materials Stored: (list all potential hazardous materials)**

**Use or Occupancy Type: (circle the appropriate type)**

Group A=Assembly      Group B=Business      Group E=Educational      Group F=Factory & Industrial      Group H=Hazardous

Group I=Institutional      Group M=Mercantile      Group R=Residential      Group S=Storage      Group U=Utility

**Tell us about your business:**

\_\_\_\_\_  
 Business Owner Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name